

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | MG       |        | 5/8/00  |
| O.I.P.E. CLASSIFIER       |          | 19     | 5/22/00 |
| FORMALITY REVIEW          | SH       | 60245  | 7-13-00 |
| RESPONSE FORMALITY REVIEW |          | 60245  | 9-27-00 |

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date     |
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| Final    |          |
| Original |          |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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